U.S. Pulset and Trainment Officer U.S. OEPARTMENT OF COMMENT AND INCOMPANY AND INCOMPA										
PATENT APPLICATION FEE DETERMINATION Substitute from PTO-175						REÇORD	•	09852788		
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OTHER THAN SMALL ENTITY		
FOR	MUMB	er faed	MANA	ER EXTRA		. RATE	ree	1	RATE	
BASIC FEE : D7 CFR 1,18(rj)								OR.		
TOTAL CLARES (17 CFR 1.16(ct)	··· ceitus 20 +					XS =		1		-
MDEPENDENT CLAMS P7 CFR 1.18(M)	1	mins 3-s						OR	***	****
						X S		OR.	38,	
MULTIPLE DEPENDENT CLAM PRESENT (D7 CFR 1.10(q))						+1	ļ <u>-</u> -	OR.	75	
"If the difference in column 1 is less than 2010, order "O" in column 2.						TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										
1/6/05 (Column 1) (Column 2) (Column 3)						SMALL ENTITY		OR.		R THAN ENTITY
Y /	REMAILIRIG AFTER AMENDMENT		IRGNEST INJUBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ACDI- TIONAL FEE		RATE	ADOI- TIOKAL
Total Total Grown Uning Independual Grown Uning	24	Minus	<i>" 24</i>	•		x \$=		OR	× 8 •	120
C traces could	/	Minus	3	·	•	x8•	•	OR	X 8	
FRST PRESENTATION OF MALTIPLE DEFENDENT CLAIM OF CFR 1.16(4)						+: •		OR	+5 .	
10/18/05					•	TOTAL ADD'L FEE		OR:	TOTAL ADD'L FEE	
10/10/03	(Column 1)		(Column 2)	(Column 3)	_					
E LUI	CLAINS REMAINING AFTER MEXIONENT		HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIOHAL FEE		RATE	ADOI- TIONAL FEE
Total Total Do Granning Independent Granning	24	Minus	" 24	. /		x s=		OR'	x s •	
E data cutors		Mina	<u>" 3</u>	• /		x s =		OR.	**	:
FEST EREPENATION OF VILTIPLE DEPENDENT CLAIM (ST CFR 1.16(4))						45		OR:	#5	
1/0/06					•	TOTAL .		OR:	TOTAL ADDIL FEE	
	(Claims I	<u> </u>	(Column 2)	(Column 3)	•					
	REMAINING AFTER MENDMENT		HIMBER HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Total To	25	Nino	-24	.7	t	x:25	FEE		x: 50	- E-()
I (37 CFR 1.1689 -	2	Minus	- 3	•	t	X.S.		OR OR	X 8	70
FIRST PRESENTATION	ı	+3 2.								
						TOTAL ADD'L FEE		QR QR·	TOTAL ADDIL FEE	50
" If the entry in column if the "Highest Hun	Marie Commence by	O-24 Sec. 1	MI TIME COLOR					un.		
The Trighest Nurs	DOF PTOYIOUSTY	Paid For 1	N THIS SPACE	5 1055 Wan 3, en	der '	र द्वर. उ.		•	• •	

The Trightest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the (SPTO) to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including githering, preparing, and extending the completed application form to the USPTO, Time will very depending upon the individual case. Any comments on the amount of time you exquire to complete this form endlor suggestions for restuding this burden, should be sent to the Chief Information Officet; U.S. Patient and Tradenant Office, U.S. Department of Comments, P.O. Box 1450, Alexandria, VA 22313-1450, OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

AND AGIE COPY